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AUTHOR Bullock, Lyndal; And Others
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ABSTRACT

The booklet, designed to accompany a videotape, explains the similarities and differences among students with learning problems, specific learning disabilities (LD), mild mental retardation, or behavioral disorders. Specific implications for special education in Illinois are outlined. The underlying problem of over-identification of LD students is considered and the history of the LD field is briefly noted. Contributing problems to the situation, such as an array of definitions, are reviewed. Performance differences between retarded and LD students are described and the overlapping nature of sensory impairments is discussed. Illinois regulations are cited to distinguish LD from behavior disorders. Among those children who should not be placed in LD classes are those with limited English speaking backgrounds and generalized immaturity or overall developmental delay. (CL)

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LD OR NOT?

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FOREWORD

As special education programs and services have expanded in Illinois over the past ten years, so has the confusion among educators concerning who the handicapped are and, more specifically, who the learning disabled are. This booklet and the accompanying videotape, which is available on loan from the State Board of Education, attempt to explain the similarities and differences among students who have learning problems, specific learning disabilities, mild mental retardation, or behavioral disorders.

The State Board of Education extends appreciation to the following individuals who assisted in the development of the document: Dr. Doris Johnson, Dr. Lyndel Bullock, Dr. Laura Jordan, Mr. Howard Atlas and Dr. Cindy Terry.

It is anticipated that the information contained in this presentation will assist educators in further understanding the problems related to all students in the public schools, especially those who have specific learning disabilities.

This document was prepared by the following individuals:

Dr. Lyndal Bullock, North Texas State University, Denton, Texas

Dr. Doris Johnson, Northwestern University Evanston, Illinois

Dr. Laura Jordan, University of Illinois, Champaign, Illinois

Mr. Howard Atlas, Waukegan Community Unit District #60, Waukegan, Illinois

Dr. Cindy Terry, Illinois State Board of Education, Department of Specialized Educational Services, Springfield, Illinois

LD or Not?

We have a problem, both in the State of Illinois and in the schools throughout the nation: increasingly large numbers of students are being identified as learning disabled (or LD) and declared eligible for services under that program. From an estimated 2% of the school population who may have specific learning disabilities, some districts have declared 20%, or even more, of their students to be learning disabled. Districts are also distinguishing between "mild" and "severe" degrees of disability, a difference which was not a part of the original description of the condition, and the greatest number of the new recruits are placed in the "mild" category. An epidemic seems to have hit! Or could it be that we are not seeing a quantitative difference only, but actually a qualitative difference in the students who are now being certified as having learning disabilities?

It is not unusual, when a student presents a fairly unique problem, that our initial thought is, "Aha! That student has a learning disability!" We tend to react this way because of the current popularity of the term "learning disability" and its relative acceptability to parents, boards of education and community leaders as a "label." In fact, programs for learning disabled students have become so popular in the higher socioeconomic communities that someone has commented that if one analyzed where most of the LD programs are located, one could conclude that it is an upper socioeconomic handicapping condition. But, of course, learning disabled students can be found in any socioeconomic environment.

Unfortunately, we've failed to study the problem carefully enough. We know that many students who are currently in programs for learning disabilities have serious intellectual problems or social-behavior problems which account for their school difficulties quite outside the definition of specific learning disabilities and which rule out such causes as low intelligence, cultural differences, or poor teaching. It is our responsibility to be more precise in our analysis of the problem if recommendations for special assistance and appropriate services are to be delivered.

In recent years there has been growing concern over the increasingly large number of students being placed in programs for the learning disabled. The concern has surfaced at all levels -- nationally, within the states, and within many school districts. The concern springs from several sources:

a) Are the children identified as LD all receiving the right kind of services, or are some so misclassified that their education is suffering?

b) Is there no end to the growth of the LD programs?

c) Are there deeper problems within the schools that are prompting the wholesale assignment of children to this special education program?

The reason for the overplacement to these classes and programs appear to be many and varied. In some instances, overplacement has resulted from the mistaken idea that a learning disability is synonymous with underachievement, while in reality there are numerous reasons for underachievement. In other cases, students do, indeed, exhibit serious intellectual or behavioral problems which account for their school

difficulty. Much of the problem has no doubt sprung from the real diversity of needs presented by that group of students who do, indeed, belong under the umbrella of a specific learning disability.

When this term was first selected, it was meant to designate a group of children who, prior to the early 1960's, were receiving no special services or were misplaced in programs for students with other handicaps, such as mental retardation. They tended to be given medically oriented and rather stigmatizing labels such as "brain injured" or "neurologically impaired," which did nothing at all to identify their educational strengths and needs, but rather suggested that these children had suffered incurable defects that education could do little to improve. The term "organic origin" was too often seen in the schools as permission to do little with and for a child, on the assumption that nothing could be changed.

To counteract this situation and to make certain that the children with specific (as opposed to generalized) educational disabilities would also become eligible for special education services, the term learning disability was selected to represent that group of students whose learning problems, while relatively severe, did not stem primarily from sensory impairments, global mental retardation, physical or emotional handicaps, or lack of learning opportunity and good instruction, but who still experienced school failure.

Since the inception of this category of special education, there have been serious problems of definition, and there is no question that the lack of a good definition has contributed to the over-identification of students.

Let's consider, for a moment, why this is such a difficult group to define clearly.

1) It was designed to provide a service "umbrella" for a diverse group of children who did not fit other categories. These are students defined by exclusion and who are accordingly alike only in that they are unlike the students for whom the other categorical programs were developed. Obviously, if what they share is diversity, there are going to be many, many ways in which that diversity can be expressed.

2) The major likeness they share is a possession of some chronic, persistent learning problem that affects part, rather than all, of the intellectual functioning and usually centers around some phase of language and its symbolic aspects. The complexity of intellectual functioning immediately suggests many ways individuals may show a partial problem.

3) The whole area of intellectual functioning is one which we are not very good at understanding, let alone measuring. We cannot see or otherwise demonstrate the presence of a problem--all we can see is certain behaviors in the child which we assume to come from various sources, possibly chemical, possibly neurological, possibly emotional, but which neither medical science nor education is able to prove or even define clearly. These assumptions are conjectures--observing certain behaviors, we suggest a possible cause which would link them, but we cannot prove these conjectures and certainly have no really reliable tests of them.

Yes, there are tests which are supposed to diagnose learning disabilities, but their validity and reliability are even more questionable than that of the intelligence tests in which so many of us in education once placed our faith so simply and so disastrously. In the final analysis, we see a problem in the child's academic or social behavior, and from the symptoms, we conclude that there is a problem whose basic nature we cannot prove. We can, however, describe and offer help and that, after all, is the function of the schools; we are not neurologists.

4) We know now that it is possible to have an impairment in some capacity, but that does not tell us how it will affect the student's educational success any more than knowing the degree of a loss of eyesight will tell us whether or not the individual will be able to use print in obtaining an education. Over 60% of those students classified as "legally blind" are able to read print. Equally, a person whose impairments should have been handicapping may show little or no effect, while another whose impairment cannot even be pinpointed may have extreme problems. The area of the mind truly remains a "black box" into whose working we cannot see and about which we can only guess. Guessing may be fascinating, but it does not lead to clear definitions!

It is not that we lack definitions; we have a number of them -- over 50, by one count! The State of Illinois uses the federal definition of learning disability. Like this whole area, the definition is long and complicated, but gives the conditions we have just reviewed. In effect, the definition suggests that learning disabled students are not mentally

retarded. Naturally, problems can be expected to show up in reading, writing, and spelling, but we can also expect them in math, which is also a use of symbolic language. Since language and reading are involved in almost every part of the curriculum, it is going to be the exception rather than the rule to find a neat and clean disability in only one part of the child's education. Language handicaps are as all encompassing as language itself. Certainly, then, we can expect educational problems to be a major indicator, but they must be without another apparent source and teamed with a level of general ability which would lead to a markedly higher expected achievement.

The diagnosis of a specific learning disability requires a comprehensive, multidisciplinary team evaluation to rule out sensory impairments, mental retardation, physical handicaps, and behavior disorders. In addition, the diagnostic team should be able to show that the problems are not primarily the result of environmental factors including cultural differences and poor instruction. Furthermore, the classroom teacher should provide evidence that various forms of instruction and curriculum changes have been unsuccessful.

The team should provide evidence to indicate that the child is not performing at an academic level comparable with his or her mental ability. An analysis of test data and classroom performance should be done to define the scope and severity of the disability. Typically a learning disability affects more than one area of achievement and interferes with many areas of learning and performance. Thus, a child who has a single problem in mathematics or in sub-skills related to reading may need supplemental help

in the classroom or tutorial services. The learning disabled student has problems which are consistent, identifiable and significant. For example, a visual memory problem may interfere with various aspects of reading, spelling, and mathematics.

Despite these persistent, chronic problems, learning disabled students can make progress; the problem does not mean they are incapable of learning. Rather, instruction must be designed and provided through special education services.

The effects of a specific learning disability may have an extreme effect on school work in spite of the child's strengths in various areas. Consider, for instance, a specific disability that involves language itself, such as trouble either putting thoughts into spoken or written language or in understanding the language that is heard or read. Even more areas will be affected, and interpersonal relationships will be difficult for the student to handle. Careful examination of the child's total functioning should still show, however, that the same type of problem is cropping up in area after area for the student with a specific learning disability. It is the same class or classes of task demands that are causing trouble across all curriculum areas.

Conversely, one would expect that almost <u>every</u> type of task involving academic skills, with little regard for the type of intellectual demands of the task, would be difficult for the student operating at a retarded level. There will be progress, of course, and it should be steady progress, but it will probably continue below grade placement if the problem is one of retardation. Age-appropriate performance or achievement in any significant

portion of the academic demands should rule out retardation. On the other hand, when progress is significantly slowed across all tasks demanding ability to work with abstraction or even with concrete materials and learning is markedly below expectations, a general mental retardation, rather than a specific learning disability, must again be seriously considered as the real problem.

Who should not be placed in services for the learning disabled? There are two basic groups: 1) those students who are eligible for and in need of a different type of special education service, and 2) students who are not eligible for special services at all. First let's consider some of the groups of students most likely to be erroneously identified as learning disabled.

Among other handicapping conditions which appear to be learning disabilities and which still require special services are sensory impairments. Typically, children with severe hearing or visual problems will be identified early in life and will be declared eligible for special education as soon as the problems are detected. The blind and the deaf need intensive, early stimulation. Those with only moderate sensory impairments may remain in the regular class for some instruction, but will require special services. Those with mild hearing or vision problems may, at times, be overlooked or misplaced in other special programs if they fail to achieve. For example, some students with hearing losses have been misplaced in classes for the learning disabled. Therefore, it is very important to have good hearing and visual screening programs and plans for follow-up.

Children with chronic ear infections should be watched carefully since they may have later learning problems. Similarly, those with certain medical conditions such as diabetes should receive periodic visual examinations.

A second "overlapping category," still within special education, is that of mild mental retardation. There are legitimate difficulties in making distinctions between learning disabled and mildly retarded students in many instances, as there are no neat packages of "predictor symptoms" which will point exactly to one or the other. Still, an understanding of some essential differences in the definition of these disability categories can help us form a framework for making the necessary differentiations among students who, unquestionably and on good evidence, need more than excellent teaching to meet their needs.

Students who are mentally retarded can be classified according to the severity of the condition: mild, moderate, severe, or profound. Typically, in Illinois, those with mild mental retardation have been called educable mentally handicapped or "EMH." It is this mildly affected group whose problem may be mistaken for specific learning disabilities.

Two circumstances tend to separate the mildly mentally retarded from the learning disabled. First, those operating at a retarded level are significantly delayed both in school-related skills and in adaptive behavior (which is the ability to meet the nonacademic, common sense, everyday demands of living within the culture of the individual's own home or community). In order for a child to be diagnosed as mentally retarded, a significant delay in adaptive behavior must be present. Although adaptive

behavior is not easily measured, there are several standardized adaptive behavior scales or inventories which can help in assessment. Additionally, information gathered from the parents about the child's daily activities at home, degree of independence, and competence in meeting social responsibilities is helpful.

An estimation of the level of intellectual functioning, too, will involve the multidisciplinary team in careful examination of the student's behavior, this time looking at how in-school demands are met. Since intelligence tests do correlate with achievement, significantly lowered intelligence indicates low achievement. While a specific learning disability affects some part or parts of the student's functioning without lowering general intelligence, mental retardation manifests itself more evenly across the various mental abilities. Here, we expect generally low achievement across the subject-matter areas.

It is easy to fall into the habit of using the term "learning disability" as a term for less socially acceptable conditions such as mental retardation. We recognize and empathize with the pain of parents, students and caring teachers when there is a decision that retarded mental functioning--even though mild--is the basis of school problems. There is no gentle, acceptable term for retardation with its implications of limitations and reduced options, even though a great many of those negative effects of the label are imposed on the handicapped by the stereotypes the rest of us carry in our heads, and by the limitations we, as a society, impose upon them. Even though it is hard to tell parents that their child is mentally retarded, it is still important that the student's real needs be identified

in order to match the student with the services really needed. Delivery of inappropriate services because the truth is hard to face and hard to name to others can only compound the problems that already exist. To a somewhat lesser degree, there is a similar resistance to the still harsh, but perhaps less emotion-laden terms "behavior disordered" and "emotionally disturbed." In all cases, however, the concern for matching the child with the needed services must override any degree of personal discomfort we may experience.

Some students have school adjustment difficulties primarily because of social, emotional, or behavior problems. These students are commonly referred to as "behaviorally disordered." Students with behavioral disorders frequently respond to their environment in socially and/or personally unsatisfactory ways. Their behavior may not only affect their own educational and personal development, but the educational and personal development of their peers as well.

The "Rules and Regulations to Govern the Administration and Operation of Special Education" defines behavior disorders as follows: "The child exhibits an affective disorder and/or adaptive behavior which significantly interferes with his or her learning and/or social functioning." Another way of describing behavioral disorders is to emphasize the degree (intensity) and chronicity (length of time) of any given conditions such as: a) an inability to learn which cannot be explained by intellectual, sensory, or health factors; b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; c) inappropriate types of behavior or feelings under normal circumstances; d) a general pervasive mood of unhappiness or depression; or e) a tendency to develop physical symptoms or fears associated with personal or school problems.

There are two important dimensions which need close attention when considering placing a student in a behavioral disorders program. First, students who are placed in programs for behavioral disorders have problems of a chronic nature. Since chronicity is one element for consideration, caution must be exercised in hastily recommending special placement for students who have only recently experienced traumatic situations in their lives, such as parental divorce or death of a loved one. It is recognized that these students do indeed need some type of assistance, but this can usually be provided by the existing school support services such as social workers or school counselors.

The second dimension needing attention are the behavioral problems which are manifested to a marked degree. In terms of characteristics, these students exhibit the same types of behavior as their "normal" peers. However, it is the degree (frequency, duration, and intensity) of their behavior that causes them, as well as others in their environment, difficulty. Students with behavioral disorders are a mixed group in terms of cause and characteristics. Behavioral problems of these students may range from extremely withdrawn to frequent acting out types of behavior. While some students with mild behavior problems may be educated in the regular classroom with the provision of supportive services, students with moderate, severe, and profound characteristics will require special education.

Behavioral problems can often be found to occur in combination with other handicapping conditions. For example, students with learning disabilities or mental retardation can also respond to their environments in inappropriate ways. Sometimes such behavioral problems add confusion to an appropriate diagnosis of the existing problem. However, it must be

recognized that when a student's behavior interferes significantly with his/her ability to make satisfactory school adjustments, a more appropriate type of educational placement in terms of his/her current needs might be a resource room or a self-contained classroom for behavior-disordered students. However, students should be placed in resource or self-contained classes for behaviorally disordered only after supportive services and other types of specific classroom intervention have been implemented and found to be unsuccessful. Otherwise, we run the risk of premature and inappropriate placement.

Too many students are referred and placed in special education classes simply because they do not respond well to being taught exactly as the rest of their class. Something more is needed for them to be successful in school. Too often it is assumed that the "something extra" means special education services, when instead such students are the responsibility of the regular classroom. A very high percentage of students referred to special education end up in special programs or services. An inappropriate placement can be like using antibiotics to try to cure a cold. It's the wrong treatment for the cold, and side-effects of the medicine can be worse than the original ailment. The side-effects here include such costs as the student's realizing that he or she is somehow a problem beyond common remedies, receiving a label which may permanently affect how others perceive that child, and placement in an a typical curriculum designed for those lacking certain abilities that these students do, in fact, possess. Therefore, it is important that only those students who meet the eligibility criteria for specific programs actually be placed in those programs.

We have been describing three categories of disabilities which may indeed make a child eligible for special educational services, though not for the program for the learning disabled. Next, let's consider some of the groups of students who should not be swelling the ranks of the learning disabled or of any other category of special education. These are the students whose problems lie within the normal range of student abilities in the classroom. These children have problems, yes. They also cause problems, but because their problems have their roots outside the learner, or in a conflict between child and environment, these are "average" students who neither need nor are eligible for special education. The average range of achievement in any fourth grade or higher classroom has been defined as ranging from 2 years below grade level to 2 years above it, a range of about 5 academic years. It is unfortunate that claims made by and for special education in the past have "oversold" it to many teachers and administrators and have led them to expect that all students in a regular classroom would be "average" and that any students who were not "average" should be put in special education classrooms.

Students who should not be placed in programs for specific learning disabilities include the following.

1. Children who enter school with signs of generalized immaturity or overall developmental delay do not necessarily require special education. They may require longer periods of readiness and more stimulation in the regular curriculum. In contrast, the child with specific learning disabilities typically evidences a "scatter" of performance -- that is, he or she will have many abilities or strengths

that are age-appropriate, but will show patterns of problems that are related to specific processing deficits. For example, the learning disabled child might not show overall patterns of delay on reading readiness tests, rather, he or she may score high on word meaning but low on more lengthy listening tasks because of limited auditory memory span. This same limitation in auditory memory may cause problems with certain aspects of mathematics or other school subjects. For example, the child may be able to count, recognize numerals, and solve written problems, but cannot retain verbal information to answer story problems that are read to him or her.

2. Children who have the ability to learn and perform well on various intellectual, aptitude, and achievement tests, but who are receiving failing grades in school are not necessarily learning disabled. Such students may be poorly motivated, may have poor study habits, or may come from families that do not value academic achievement. Students who have the ability to learn, but fail to do so adequately, need attention. However, this low achievement does not necessarily mean placement in specific learning disabilities programs.

3. Children who come from homes where nonstandard English is used or where language stimulation has been limited may differ from their classmates, but they should not be considered learning disabled unless there is evidence of specific problems in processing language. They may require help in learning new vocabulary, standard pronunciation and grammar, but they are not candidates for special education.

4. Children who have an overall mental ability which falls in tne low average range may appear to have learning problems in schools where the overall mental ability of the group is average or above. Such children may be performing as well as they can and should not be made to feel as though they have learning problems by placing them in special education. Rather, they will continue to need instruction at their own levels. On the other hand, children in the low average range may have other specific problems which require special education procedures. When test performance and school work show uneven performance or scatter, the student should be considered for further study.

5. When large numbers of children in a classroom or school are underachieving in one or more areas such as reading, writing, or arithmetic, it is recommended that the principal examine the curriculum, amount of instruction provided, readiness programs, pacing of instruction, integration of work across grade levels, teacher competence, and other factors of regular education, rather than routinely place large numbers of students in special education programs.

What is the school to do if the student is having little success and there still is a real question of this child's need for special education? There isn't time here to outline the alternatives, ranging from use of consultants and teacher support groups to programmatic in-service to build needed teacher skills, but the school needs to establish the decision rules it will follow before a referral to special education is accepted. Probably the most basic rule for screening out those who are having (or causing) problems, but have the potential to succeed within the regular program is

this: The teacher, with the help of supportive services, should be required to document the results of at least three different modifications or methods which have been used in trying to eliminate the particular problem that has been identified. Systematic, direct, and varied instruction can reasonably be expected within regular education. Those students who respond to a good teacher, suitably flexible in adapting to the rather large range of behavior which is to be expected within the average classroom, are in no way candidates for special education.

As the educational leader ultimately responsible for the instructional and management procedures in your school, you are daily presented with an awesome task. Inherent within this responsibility, which you have assumed, is the requirement that you ensure that every student in your school is taught in such a way that he/she benefits optimally from the school experience. What all this really means is that it is critical that every student's individual needs and differences be recognized and accommodated in both the instructional process and the behavioral management approaches. We recognize that students enter the schools of America with diverse experiences and backgrounds. Some come from environments with cultural values so different from those emphasized in the schools that their chances of success are limited. Others enter our schools motivated by great expectations for achievement and learning, which become the driving force for goal attainment. Conversely, there is a large group of students who come to school only because of societal requirements, and as a result, meeting the expectations of the schools is not a personal priority. A great many of our students come to school with the anticipation of learning and finding personal satisfaction, only to find that they are neither experientially nor emotionally ready to meet the demands placed on them.

This inability to respond is often related to the failure of the schools to provide the desired levels of structure necessary to aid academic and emotional growth. Sometimes this can also result from inappropriate exceptions. But in spite of all the individual differences, the task has been handed to you, Educational Leader, to ensure that good and appropriate things happen to every student in your building.

If the attempt to respond to individual differences is to be successful, a lot of hard work will be required of everyone concerned with the education of the student. Teachers must realize their integral role in designing learning environments that will maximize success for each student. This will almost assuredly require teachers to provide alternative curricular structures and methods of presenting instruction as well as providing alternative means whereby each student can respond to the instructional requirements.

In order to meet individual differences, you'll need to use systematically the expertise available through the support services of your school and/or district. These consultants, specialists, psychologists and persons in like areas probably won't always be able to provide quick and final solutions to all problems, but they may be able to add a critical dimension to your analysis of the problem and speed the search for an answer.

We have attempted to provide you with information to further your understanding of the problems related to the delivery of an appropriate education to all the students in your school, with special emphasis upon the student with learning disabilities. We encourage you to use the resources available in your school and school district, such as a Teacher Assistance

Team or other similar team. Reinforce those teachers who teach students on an individual basis.

We would like to leave you with one thought. You are the model for educational leadership in your school. Teachers will follow the example of an informed concerned leader, and as a result, they will assist you in having the best school in your system.

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Illinois
State Board of
Education

100 North First Street
Springfield, Illinois 62777

Walter W. Naumer, Jr., Chairman
Illinois State Board of Education

Donald G. Gill
State Superintendent of Education

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